

Exhibits

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Exhibit A

Project Transition Schedule

| Exhibit A – Project Transition Schedule | | |
|---|-----------------|---|
| Major Milestone Description | Projected Start | Projected End |
| Phase I | Spring 2026 | Summer 2027 |
| Notice to Proceed (NTP) | April 2026 | -- |
| | | |
| Project Kickoff Meeting | April 2026 | -- |
| | | |
| Project Planning Documentation (Standard Operating Procedures) | | 30 Calendar Days after NTP |
| | | |
| Phase 2 | Summer 2027 | Optional two (2) two (2) year extensions |

Exhibit B

Pricing Instructions & Forms

(An Excel version is “paper clipped” to this Exhibits file for completion.)

Updated per Addendum 2 (December 5, 2025)

| Tab / Title | | Definition / Instructions | Cell Reference |
|--------------------------------|---|--|---|
| Tab B - Project Summary | N/A | This tab represents a roll-up of the base contract (Years 1-5) costs to NCTA. The Proposer is not required to provide any input to this sheet. | N/A |
| Tab C - Details | Proposer shall provide pricing for management oversight and maintenance of the Toll Vaults for future work, labor rates for corrective maintenance, and percentage markups for equipment, materials, and administrative costs for Subcontractors. | | |
| | Documentation | Enter a lump sum price that includes all work, tasks, materials, and labor required to complete the Facility Condition Assessment for all facilities. | C4,D4,E4,F4, G4 |
| | Maintenance | For each year, enter a monthly price for Contractor oversight and/or maintenance of the NCTA buildings. For the toll vaults, enter a monthly price for each entire facility (for all the vaults on the facility). | C7-C12, D7-D12, E7-E12, F7-F12, G7-G12 |
| | Implementation | Enter a price that includes all work, tasks, materials, and labor required to install and intergrate the Access Control and Security Monitoring System (ACSMS), Critical Enviromental Monitoring System (CEMS), and Weather Monitoring System (WMS). For the "Base Installation" enter the price, if any, for any core system required for operations. If the one or more system is consolidated in a single offering, split the cost equally between the line items. For the locations listed, enter the price for the system proposed that meets the Scope of Work (SOW). The toll vaults should be priced per toll vault, assuming the the quantities and capabilities stated in the SOW. | C15-C32 |
| | Maintenance Services - Labor | Enter an hourly labor rate for each of the maintenance labor types. Other labor types can be added on Tab D - Labor Rates | B37-B40 |
| | Maintenance Services - Markup and Fees | Enter percentage mark-up for Materials, Equipment, and Adminstative Costs for Subcontractors. | B43-B45 |
| Tab D - Labor Rates | Proposer shall enter labor rates for positions listed for reference to be used for Extra Work and Change Orders, if needed. | | |
| | Labor Position / Classification | Any labor positions / classifications that are not pre-loaded into Tab E can be added in Column A, Rows 14-19. | A14-A19 |
| | Hourly Labor Rate | Enter an hourly labor rate for each listed position / classification. | B4-B19 |
| | | | |
| Instruction Notes: | 1. Cells shaded in Yellow on the following tabs require Proposer input. When a valid value has been input, the cell will be shaded blue. | | |
| | 2. Cells in shaded light green on the following tabs are formulas and are locked. No Proposer input is required. | | |
| | 3. This Price Proposal shall be inclusive of all costs, fees, and applicable taxes needed to meet the requirements of the RFP, included in Part III, Scope of Work and Requirements. Prices shall be the maximum Price for Work outlined in this Exhibit C. | | |
| | 4. NCTA Approval of documents are defined as NCTA final acceptance of the specified plans, manuals, and documents as described in the RFP. | | |

| Facilities Management Project Summary (No Proposer Input Required) | | | |
|---|--------------------------|------|---------------------|
| Operations Phase 1 - Year 1 Base Contract | Total Cost Per Unit (\$) | Qty. | Year 1 Annual Cost |
| Facility Management - Building Properties | | | |
| Leased Properties | \$ - | 12 | \$ - |
| Facility Management - Toll Vaults | | | |
| Toll Vaults | \$ - | 12 | \$ - |
| Documentation | | | |
| Facility Condition Assessment | \$ - | 6 | \$ - |
| Operations Phase 2 - Year 2 Base Contract | Total Cost Per Unit (\$) | Qty. | Year 2 Annual Cost |
| Facility Management - Building Properties | | | |
| Leased Properties | \$ - | 12 | \$ - |
| Facility Management - Toll Vaults | | | |
| Toll Vaults | \$ - | 12 | \$ - |
| Documentation | | | |
| Facility Condition Assessment | \$ - | 6 | \$ - |
| Operations Phase 2 - Year 3 Base Contract | Total Cost Per Unit (\$) | Qty. | Year 3 Annual Cost |
| Facility Management - Building Properties | | | |
| Leased Properties | \$ - | 12 | \$ - |
| Facility Management - Toll Vaults | | | |
| Toll Vaults | \$ - | 12 | \$ - |
| Documentation | | | |
| Facility Condition Assessment | \$ - | 6 | \$ - |
| Operations Phase 2 - Year 4 Base Contract | Total Cost Per Unit (\$) | Qty. | Year 4 Annual Cost |
| Facility Management - Building Properties | | | |
| Leased Properties | \$ - | 12 | \$ - |
| Facility Management - Toll Vaults | | | |
| Toll Vaults | \$ - | 12 | \$ - |
| Documentation | | | |
| Facility Condition Assessment | \$ - | 6 | \$ - |
| Operations Phase 2 - Year 5 Base Contract | Total Cost Per Unit (\$) | Qty. | Year 5 Annual Cost |
| Facility Management - Building Properties | | | |
| Leased Properties | \$ - | 12 | \$ - |
| Facility Management - Toll Vaults | | | |
| Toll Vaults | \$ - | 12 | \$ - |
| Documentation | | | |
| Facility Condition Assessment | \$ - | 6 | \$ - |
| Total Base Contract Maintenance Cost | | | \$ - |
| Implementation Items | Total Cost Per Unit (\$) | Qty. | Implementation Cost |
| Standard Operating Procedures | \$ - | 1 | \$ - |
| Access Control and Security Monitoring System (ACSMS) | \$ - | 1 | \$ - |
| Critical Environmental Monitoring System (CEMS) | \$ - | 1 | \$ - |
| Weather Monitoring System (WMS) | \$ - | 1 | \$ - |
| Total Implementation Items Cost | | | \$ - |
| TOTAL BASE CONTRACT COST | | | \$ - |

Note:

Standard Operating Procedures updates are considered part of operations in Years 2-5

Operations Phases 1 & 2: Years 1-5

| Documentation | Units | Y1 Unit Price | Y2 Unit Price | Y3 Unit Price | Y4 Unit Price | Y5 Unit Price |
|-------------------------------|-------------------------------|---------------|---------------|---------------|---------------|---------------|
| Facility Condition Assessment | Lump sum for all 6 facilities | \$ - | \$ - | \$ - | \$ - | \$ - |

| Maintenance | Units | Y1 Unit Price | Y2 Unit Price | Y3 Unit Price | Y4 Unit Price | Y5 Unit Price |
|---|--------------------------|---------------|---------------|---------------|---------------|---------------|
| NCTA HQ - Morrisville - Oversight | Per Month | \$ - | \$ - | \$ - | \$ - | \$ - |
| NCQP Ops Center - Winston Salem (WS) - Oversight | Per Month | \$ - | \$ - | \$ - | \$ - | \$ - |
| NCQP Ops Center - Rocky Mount (RM) - Full Service | Per Month | \$ - | \$ - | \$ - | \$ - | \$ - |
| NCQP Storefront - Monroe - Full Service | Per Month | \$ - | \$ - | \$ - | \$ - | \$ - |
| Triangle Expressway (Oversight Y1, Full Service Y2-5) | 21 Toll Vaults Per Month | \$ - | \$ - | \$ - | \$ - | \$ - |
| Monroe Expressway (Oversight Y1, Full Service Y2-5) | 7 Toll Vaults Per Month | \$ - | \$ - | \$ - | \$ - | \$ - |

| Implementation | Units | Unit Price |
|-------------------------------|---------------------------------------|------------|
| Standard Operating Procedures | Lump sum | \$ - |
| ACSMS | Base Installation | \$ - |
| | NCTA HQ 6 Zones and 3 Server Rooms | \$ - |
| | NCQP Ops WS 6 Zones and 1 Server Room | \$ - |
| | NCQP Ops RM 3 Zones and 1 Server Room | \$ - |
| | NCQP Storefront Monroe 1 Zone | \$ - |
| | Triangle Expressway 21 Vaults | \$ - |
| | Monroe Expressway 7 Vaults | \$ - |
| CEMS | Base Installation | \$ - |
| | NCTA HQ 6 Zones and 3 Server Rooms | \$ - |
| | NCQP Ops WS 6 Zones and 1 Server Room | \$ - |
| | NCQP Ops RM 3 Zones and 1 Server Room | \$ - |
| | NCQP Storefront Monroe 1 Zone | \$ - |
| | Triangle Expressway 21 Vaults | \$ - |
| WMS | Monroe Expressway 7 Vaults | \$ - |
| | Base Installation | \$ - |
| | Triangle Expressway 21 Vaults | \$ - |
| | Monroe Expressway 7 Vaults | \$ - |

| Maintenance Services | |
|----------------------------------|-------------------|
| Labor | |
| Hourly Labor Type | Hourly Labor Rate |
| General Maintenance Technician | \$ - |
| HVAC Technician | \$ - |
| Plumber | \$ - |
| Electrician | \$ - |
| Markup and Fees | |
| Item | Markup |
| Material Markup | 0% |
| Equipment Markup | 0% |
| Subcontractor Administration Fee | 0% |

Note:

Cells highlighted in yellow will change to blue when a valid value is entered.

Operations: Labor Rates Per Unit Pricing

| Labor Position / Classification | Hourly Labor Rate |
|---------------------------------|-------------------|
| Contract Manager | \$ - |
| Facilities Manager | \$ - |
| Vendor Manager | \$ - |
| Maintenance Technician | \$ - |
| Administrative Coordinator | \$ - |
| Construction Engineer | \$ - |
| Network Engineer | \$ - |
| HVAC Technician | \$ - |
| Plumber | \$ - |
| Electrician | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |

Note:
Cells highlighted in yellow will change to blue when a valid value is entered.

Exhibit C-I

Proposal Cover Sheet

(A Word version of the Proposal Cover Sheet is “paper clipped” to this Exhibits file for ease of completion.)

**NORTH CAROLINA TURNPIKE AUTHORITY
FACILITIES MANAGEMENT
REQUEST FOR PROPOSALS**

EXECUTION: In compliance with this Request for Proposal, and subject to all the conditions herein, the undersigned offers and agrees to furnish any or all Services or goods upon which prices are offered, at the price(s) offered herein, within the time specified herein. By executing this offer, I certify that this offer is submitted competitively and without collusion.

Failure to execute/sign offer prior to submittal shall render Proposal invalid. Late offers are not acceptable.

| | | |
|---------------------------------------|-------------------|--------------------|
| BIDDER: | | |
| STREET ADDRESS: | P.O. BOX: | ZIP: |
| CITY & STATE & ZIP: | TELEPHONE NUMBER: | TOLL FREE TEL. NO: |
| PRINT NAME & TITLE OF PERSON SIGNING: | FAX NUMBER: | |
| AUTHORIZED SIGNATURE: | DATE: | E-MAIL: |

Offer valid for one hundred and eighty (180) calendar days from Proposal Due Date.

Exhibit C-2

List of Subcontractors and RS-2 Form

(PDFs of all forms are presented below. A fillable PDF of the RS-2 Form and a Word version of the List of Subcontractors Form are both “paper clipped” to this Exhibits file for ease of completion.)

Please duplicate this page as necessary to provide the requested information.

| | SUBCONTRACTOR | SUBCONTRACTOR | SUBCONTRACTOR |
|-----------------------------------|---------------|---------------|---------------|
| Legal Name of Company | | | |
| Company's FEID Number | | | |
| Company Contact Name | | | |
| Company Address | | | |
| City, State, Zip Code | | | |
| Company Telephone No. | | | |
| Company Fax Number | | | |
| Company E-mail address | | | |
| Legal Name of Principal(s) | | | |
| Address of Principal(s) | | | |
| City, State, Zip Code | | | |
| Telephone No. of Principal(s) | | | |
| Fax Number of Principal(s) | | | |
| E-mail address of Principal(s) | | | |
| Corporate Number (if applicable) | | | |
| License Number (if applicable) | | | |
| Status of License (if applicable) | | | |
| Work to be Performed | | | |
| Expected Percentage of Total Work | | | |

By: _____
President or Vice President

Signature: (1) _____

Attest: _____
Secretary (or Assistant Secretary)

Signature: (2) _____

(Affix Corporate Seal Below Dotted Line)

Subconsultant Form RS-2

REV 1/15/08

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
SUBCONSULTANT
TO BE USED WITH PROFESSIONAL SERVICES CONTRACT ONLY
RACE AND GENDER NEUTRAL**

TIP No. and/or Type of Work (Limited Services)

(Consultant/Firm Name and Federal Tax Id)

(Subconsultant/Firm Name and Federal Tax Id)

| | | |
|--|---------------------------------------|---------------------------------------|
| <i>SERVICE / ITEM DESCRIPTION</i> | | <i>Anticipated Utilization</i> |
| | | |
| | | |
| | TOTAL UTILIZATION: | |
| SUBMITTED BY: SUBCONSULTANT: | RECOMMENDED BY: CONSULTANT: | |
| | | |
| *BY: | *BY: | |
| TITLE: | TITLE: | |
| SPSF Status: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

“SUBCONCONSULTANT” (FORM RS-2)
RACE AND GENDER NEUTRAL

Instructions for completing the Form RS-2:

1. Complete a Subconsultant Form RS-2 for each Subconsultant firm to be utilized by your firm.
2. Insert TIP Number and /or Type of Work (Limited Services)
3. Complete the Consultant/Firm name and Federal Tax ID Number for the primary firm information.
4. Complete the Subconsultant/Sub Firm name and Federal Tax ID Number for the sub firm information.
5. Enter Service/Item Description – describe work to be performed by the Sub Firm
6. Enter Anticipated Utilization – Insert dollar value or percent of work to the Subconsultant/Sub Firm
7. *Signatures of both Subconsultant and Prime Consultant **are required** on each RS-2 Form to be submitted with the Letter of Interest (LOI) to be considered for selection
8. Complete “SPSF Status” section - Subconsultant shall check the appropriate box regarding SPSF Status, check Yes if SPSF or No if not SPSF

In the event the firm has no subconsultant, it is required that this be indicated on this Subconsultant Form RS-2 form by entering the word “None” or the number “ZERO” and signing the form.

Exhibit C-3

Recent Client List

(A Word version of the Recent Client List is “paper clipped” to this Exhibits file for ease of completion.)

[illegible]

Exhibit C-4

Proposer Questions Form

(A Word version of the Proposer Questions Form is “paper clipped” to this Exhibits file for ease of completion.)

| # | Page | Section | Section Description | Proposer Question | NCTA Response |
|----|------|---------|---------------------|-------------------|---------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |

Exhibit C-5

Non-Collusion Forms

(Please complete a single form that is applicable to your firm structure. Fillable PDFs of each form are “paper clipped” to this Exhibits file for ease of completion.)

Exhibit C-6

Acknowledgement of Receipt of Addenda

(A Word version is “paper clipped” to this Exhibits file for ease of completion.)

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The Proposer shall acknowledge receipt of each addendum to this Request for Proposal by completing this form and including same in the Technical Proposal.

| <u>Addenda</u> | <u>Date</u> | <u>By</u> |
|----------------|-------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Failure to confirm receipt of addenda may result in rejection of the Proposer's Proposal.

Dated _____, 2025

Legal Name of Firm

By _____
Signature

Title

NOTE: Attach additional pages as necessary

Exhibit C-7

HUB Supplemental Vendor Information Form

(A fillable PDF version is “paper clipped” to this Exhibits file for ease of completion.)

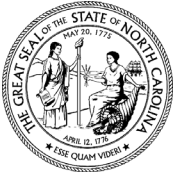


Exhibit C-7: HUB Supplemental Vendor Information

RFP Name : _____

Vendor Name: _____

Historically Underutilized Businesses (HUBs) consist of minority, women, and disabled business firms that are at least fifty-one percent owned and operated by an individual(s) from one of these categories. Also included in this category are disabled business enterprises and non-profit work centers for the blind and severely disabled.

Pursuant to G.S. 143B-1361(a), 143-48 and 143-128.4, the State invites and encourages participation in this procurement process by businesses owned by minorities, women, the disable, disabled business enterprises, and non-profit work centers for the blind and severely disabled. This includes utilizing individual(s) from these categories as subcontractors to perform the functions required in this Solicitation.

The Vendor shall respond to questions below, as applicable.

PART I: HUB CERTIFICATION

Is Vendor a NC-certified HUB entity? ☐ **Yes** ☐ **No**

If **yes**, provide Vendor #: _____

If **no**, does Vendor qualify for certification as HUB? ☐ **Yes** ☐ **No**

Vendors that check "yes" will be referred to the HUB Office for assistance in acquiring certification.

PART II: PROCUREMENT OF GOODS - SUPPLIERS

For *Goods* procurements, are you using Tier 2 suppliers? ☐ **Yes** ☐ **No**

If **yes**, then provide the following information:

| Company Name | Company Address | Website Address | Contact Name | Contact Email | Contact Phone | NC HUB certified? | Percent of total bid price |
|--------------|-----------------|-----------------|--------------|---------------|---------------|-------------------|----------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PART III: PROCUREMENT OF SERVICES - SUBCONTRACTORS

For *Services* procurements, are you using Subcontractors to perform any of the services being procured under this solicitation? ☐ **Yes** ☐ **No**

If **yes**, then provide the following information:

| Company Name | Company Address | Website Address | Contact Name | Contact Email | Contact Phone | NC HUB certified? | Percent of total bid price |
|---------------------|------------------------|------------------------|---------------------|----------------------|----------------------|--------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Need more information?

Questions concerning the completion of this form should be presented during the Q&A period through the process defined in the Solicitation document.

Questions concerning NC HUB certification, contact the [North Carolina Office of Historically Underutilized Businesses](#) at 984-236-0130 or huboffice.doa@doa.nc.gov